

SAMPLE

DATE

XXXXXX
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XXXXXX
XXXXXX

Re:

Dear Sir or Madam:

Under the Statutes of the State of Michigan, the Friend of the Court is a judicial service agency for the Circuit Court. We conduct all domestic relations investigations on behalf of the Court and the information being requested is an integral part of the investigation involving the above cited case.

Please provide me with any and all counseling records/reports pertaining to the following individual(s):

Please be advised that we are required by law to prepare a recommendation in this case within a specified time frame. Your return of these documents is requested within the next 10-15 days.

If you have any questions regarding this matter, please feel free to contact this office. Thank you.

Yours truly,

XXXXX
XXXXX
XXXXX

XXX/XX

SAMPLE

DATE

XXXXX
XXXXX
XXXXX
XXXXX

Re:

Dear Sir or Madam:

This is to certify that the XXX Judicial Circuit of Michigan has jurisdiction in the above-entitled matter, and that the name and birth date of each affected child is as follows:

Please be advised that we are required by law to prepare a recommendation in this case within a specified time frame. Your return of these documents is requested within the next 10-15 days.

Please complete and return the enclosed report. Thank you for your cooperation.

Yours truly,

XXXXX
XXXXX
XXXXX

XX/XX

SAMPLE

DATE

Michigan State Police

XXXXX

XXXXX

XXXXX

Re:

Dear Sir or Madam:

Under the Statutes of the State of Michigan, the Friend of the Court is a judicial service agency for the Circuit Court. We conduct all domestic relations investigations on behalf of the Court and the information being requested is an integral part of the investigation involving the above cited case.

Please provide me with any and all *incident reports* pertaining to the following individual(s):

Please be advised that we are required by law to prepare a recommendation in this case within a specified time frame. Your return of these documents is requested within the next 10-15 days.

If you have any questions regarding this matter, please feel free to contact this office. Thank you.

Yours truly,

XXXXX

XXXXX

XXXXX

XX/XX

SAMPLE

DATE

XXXXXX
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Re:

Dear Sir or Madam:

Under the Statutes of the State of Michigan, the Friend of the Court is a judicial service agency for the Circuit Court. We conduct all domestic relations investigations on behalf of the Court and the information being requested is an integral part of the investigation involving the above cited case.

Please provide me with any and all records/reports pertaining to the following individual(s):

Please be advised that we are required by law to prepare a recommendation in this case within a specified time frame. Your return of these documents is requested within the next 10-15 days.

If you have any questions regarding this matter, please feel free to contact this office. Thank you.

Yours truly,

XXXXXX
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XXXXXX

XX/XX

SAMPLE

DATE

XXXXX
XXXXX
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XXXXX

Re:

Dear Sir or Madam:

Under the Statutes of the State of Michigan, the Friend of the Court is a judicial service agency for the Circuit Court. We conduct all domestic relations investigations on behalf of the Court and the information being requested is an integral part of the investigation involving the above cited case.

Please provide me with any and all medical records/reports pertaining to the following individual(s):

Please be advised that we are required by law to prepare a recommendation in this case within a specified time frame. Your return of these documents is requested within the next 10-15 days.

If you have any questions regarding this matter, please feel free to contact this office. Thank you.

Yours truly,

XXXXX
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XXXXX

XX/XX

SAMPLE

DATE

XXXXX
XXXXX
XXXXX
XXXXX

Re:

Dear Sir or Madam:

Please advise whether either of the above individuals or minor child(ren) listed as follows receive Social Security Benefits or Supplemental Security Income and from whose benefit/disability:

Also, please advise as to whom payments are being made. Thank you for your cooperation in this matter.

Please be advised that we are required by law to prepare a recommendation in this case within a specified time frame. Your return of these documents is requested within 10-15 days.

Yours truly,

XXXXX
XXXXX
XXXXX

XX/XX

SAMPLE

DATE

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Re:

Dear Sir or Madam:

Under the Statutes of the State of Michigan, the Friend of the Court is a judicial service agency for the Circuit Court. We conduct all domestic relations investigations, including support, on behalf of the Court, and the information being requested is an integral part of the investigation involving the above referenced individuals.

I am hereby requesting a printout and/or written verification of any and all Unemployment Compensation Benefits received in the past 12 months by the following individual(s):

Please be advised that we are required by law to prepare a recommendation in this case within a specified time frame. Your return of these documents is requested within the next 10-15 days.

Yours truly,

XXXXXX
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XXXXXX

XX/XX

SAMPLE

Date

XXXXXX
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Re:

Dear Parties:

The Friend of the Court has been directed to conduct an investigation and file a recommendation with regard to custody and Parenting Time of the minor child in this case. An appointment for you to be interviewed at this office by Investigator XXXXX has been made for:

Mr. _____, Wednesday, April 31, 3009 at 10:30 a.m.

Ms. _____, Wednesday, April 2, 3009 at 1:00 p.m.

Please DO NOT bring the minor child to this interview as an alternate date and time will be established for Ms. XXXXX to meet with her if required.

We request only your presence at this meeting. Please plan on your appointment lasting approximately 30 minutes. Bring anything you want considered (regarding the disputed issues) in writing so you can refer to it during your meeting, but please keep your list as brief as possible.

If you haven't come so already, please supply our office with copies of your four (4) most recent pay check stubs and most recently filed Federal Income Tax Return including attachments (W2s, 1099s, Schedules, etc.). If you are self-employed, please supply our office with your last three years' Federal Income Tax Returns as well. Also, a Child Care Verification Form is enclosed for your day care provider (if you presently have one) to complete and return to our office. Please provide our office with all requested information within the next 10-15 days or at the time of the meeting noted above.

If you are unable to make your appointment, please contact our office immediately. Thank you for your cooperation, and we look forward to seeing you.

Yours truly,

XXXXXX
XXXXXX
XXXXXX

XX/XX
Enclosures

State of Michigan
_____ Judicial Circuit
_____ County

SCHOOL REPORT

Case No.

Address
Attn: Investigator

Telephone Number

DATE:

CHILD'S NAME:

SCHOOL:

DATE OF BIRTH:

TEACHER:

PRESENT GRADE:

PRINCIPAL:

A. General appearance (circle one)

(1) Excellent

(2) Good

(3) Fair

(4) Poor

Explain (if necessary)

B. General adjustment at school (circle one)

(1) Excellent

(2) Good

(3) Fair

(4) Poor

C. Attendance for the last marking period completed:

Number of absences:

Number of unexcused absences:

Number of times tardy:

D. Specific disabilities or problems which might hinder achievement:

E. Academic progress--PLEASE PROVIDE GRADES FOR THE LAST MARKING PERIOD.

F. School comments:

Signature of person preparing form
Date:

Thank you for completing and returning this form promptly.

State of Michigan

_____ Judicial Circuit

DAY CARE REPORT

Case No.

_____ County

Friend of the Court Address:

Telephone No:

_____ County Courthouse

Address:

DATE:

CHILD'S NAME:

DATE OF BIRTH:

DAY CARE CENTER:

NAME OF PARENT WHO ENROLLED CHILD:

A. General appearance (circle one):

(1) Excellent

(2) Good

(3) Fair

(4) Poor

Explain (if necessary)

B. General adjustment at day care center (circle one):

(1) Excellent

(2) Good

(3) Fair

(4) Poor

C. Does the child appear to be happy?

D. Can child dress him/herself?

E. Is the child toilet trained?

F. Does this child appear to be in good health?

G. Does the child have any specific disabilities?
(If yes, please explain.)

H. (1) Who drops the child off?

(2) Who picks the child up?

I. Teacher Comments:

Date: _____

Signature of person preparing form

Thank you for completing and returning this form promptly.